BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10829099

3	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
	Ti	FOTAL CLAIM	IS .	Tion	T COIGHII 17		(Column 2)			<u></u>	· .	SMAL	
;	-	 	- 6	6				RATE	FEE		RATE	FEE	
	FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.0	0. OR	BÁSIC FEI	770.00
	T	OTAL CHARGE	EABLE CLAIMS	6 mi	6 minus 20= *],	X\$ 9=	.	OR	X\$18=	ľ
	IN	DEPENDENT	CLAIMS	/ · m	/ minus 3 = /*				X43=	1	OR	. X86=	1
	MULTIPLE DEPENDENT CLAIM PRESENT								4 4 5	1		ļ	
7	* If the difference in column 1 is less than zero, enter "(0" in column 2		±145=_	- i	- OR	L	-70
1	CLAIMS AS AMENDED - PART II							•	TOTAL	L	OR		10
1.	٠.	· · ·	(Column 1)	ี !! ก 2)	(Column 3))	OTHER T SMALL ENTITY OR SMALL EN						
	NTA		CLAIMS . REMAINING AFTER . AMENDMENT		HIGHE NUMBI PREVIOL	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	. ADDI- TIONAL
	NDWE	Total	*	Minus	PAID FO		= .		X\$ 9=	766	OR	X\$18=	FEE
	AME.	Independent	*	Minus	***	<u> </u>	=	1 [X43=		OR	X86=	
		FIRST PRESI	ENTATION OF M	OCLIBLE DE	PENDENT C	CLAIM		J	·+145=		OR	+290=	
								. L	TOTAL DDIT. FEE		- L	TOTAL	
		(Column 1) (Column 2) (Column 3)								L	1 0,,,	ADDIT. FEE	<u> </u>
AMENDMENT B	בואו ם		CLAIMS REMAINING AFTER AMENDMENT		HIGHES . NUMBE PREVIOU PAID FO	ST :R SLY.	PRESENT EXTRÄ		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
		Independent	*	Minus	***		=		X43=		OR	X86=	
L		FIRST PRESE	NTATION OF MU	ILTIPLE DEP	TIPLE DEPENDENT CLAIM			J -	. 1.45		1 1		
								+145=		OR [+290= TOTAL		
								ΑC	DOIT. FEE		OR A	DOIT. FEE	
	(Column 1) (Column 1) (Column 1)						(Column 3)	<u></u>					
AMENDMENT C			REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOI	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		Total	*	Minus	A-A		=		X\$ 9=		OR	X\$18=	
ME	1	ndependent	*	Minus	444		=	 	X43=			X86=	
	F	IRST PRESE	NTATION OF MU	LTIPLE DEPE	ENDENT CL	AIM		-			OR _		
•	11 11	he antev in colum	on this loss than the	L	145=		OR	+290=					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												TOTAL DIT. FEE	
	Th	e "Highest Numb	er Previously Paid	For (Total or In	ndependent) i	s the h	ighest number t	found	in the appro	priate box	in colum	ın 1.	